

Home Phone () Work Phone ()	DOB:	Age for this exam:	*HIV Req.? YES / NO	Date:	
Class 1/1A and All Initial Class 2, 3 and 4	Comprehensive FDME (19, 22, 25, 28, 31, 34, 37, 40, 43, 46, 49, then yearly)		Interim FDME		
Vital signs _____ BP, Pulse, Ht, Wt, Body Fat % Anthros (Class 1/1A and 2/2F only) Vision _____ <input type="checkbox"/> VAs, Phorias by AFVTA, Cover-uncover test (tropias), Cross-cover test (phorias), NPC, IOPs, Color vision, Stereopsis, Visual fields, Night vision Hx <input type="checkbox"/> Refraction <input checked="" type="bullet"/> Cycloplegic (Class 1/1A only) <input checked="" type="bullet"/> Manifest (Eyeglass Rx) (All classes if uncorrected <20/20) Audio _____ ECG _____ Dental _____ Pap & Pelvic _____ (cytology rpt req.)	Vital signs _____ BP, Pulse, Ht, Wt Vision _____ <input type="checkbox"/> VAs, Phorias by AFVTA, Stereopsis, Night vision Hx <input type="checkbox"/> Manifest Refraction / Eyeglass Rx (All classes if uncorrected <20/20) Audio _____ ECG _____ Dental _____ Pap & Pelvic _____		Vital signs _____ BP, Pulse, Ht, Wt Vision _____ <input type="checkbox"/> VAs, Stereopsis <input type="checkbox"/> Manifest Refraction / Eyeglass Rx (All classes if uncorrected <20/20) Audio _____ ECG not required unless clinically indicated or required by waiver Dental _____ Pap & Pelvic _____		
Labs <input type="checkbox"/> UA w/ microscopic, HCT, HIV, RPR, FBS, Sickledex, Chol, HDL, Trig <input type="checkbox"/> CXR	Labs <input type="checkbox"/> *HIV, UA w/ microscopic, HCT, Chol		Labs <input type="checkbox"/> *HIV, Chol, HCT		
Notes: <input type="checkbox"/> History cont. sheets x 4 <input type="checkbox"/> RAT and AA (ARMA) <input type="checkbox"/> Valsalva <input type="checkbox"/> Refractive surg & contact lenses prohibited, explain contact lens wear <input type="checkbox"/> Requires rectal and guaiac	Notes: <input type="checkbox"/> *HIV req. every two years.		Notes: <input type="checkbox"/> "Health Screening" / Directed Physical Exam <input type="checkbox"/> *HIV req. every two years.		
Over 40 (for all classes; comprehensive and interim), add the following items: <input type="checkbox"/> Fasting Blood Sugar <input type="checkbox"/> Cardiac Risk Index (must use CADRisk Computer Program, version 4 or later) <input type="checkbox"/> Rectal and Stool guaiac <input type="checkbox"/> Mammogram: 40,42, 44,46,48,50, then yearly <input type="checkbox"/> IOPs			Retirement: <input type="checkbox"/> Perform a comprehensive FDME <input type="checkbox"/> CXR <input type="checkbox"/> DD Form 2697 NOTE: Must be a comprehensive exam		
Additional tests, studies and consults:					
Last name	First	MI	Rank	Provider's Stamp <div style="text-align: right;">Date:</div>	Status
SSN:		Unit:			